MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		Cancelled			
2		1				
3		1				
4		1				
5		1				
6		(1)				
7		1				
8		(1)				
9		(1)				
10		(1)				
11		1				
12		(1)				
13		(1)				
14		(1)				
15		1				
16		(1)				
17	1					
18		1				
19		2				
20		2				
21		(1)				
22		(1)				
23		1				
24		(1)				
25		(1)				
26		(1)				
27		1				
28						
29		(1)	Cancelled			
30				1		
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50			1	1		
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55			1			
56				1		
57				1		
58				1		
59				1		
60			1			
61				1		
62				1		
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96						
97						
98						
99						
100						
TOTAL IND.			4			
TOTAL DEP.	←		30	←		←
TOTAL CLAIMS			34			

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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